

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA
AT

_____,

(Note: Use initials if a child is claiming benefits)

Plaintiff,

V.

PERSONAL DATA IDENTIFICATION FORM
FOR
SOCIAL SECURITY APPEALS

**JoAnne B. Barnhart, Commissioner
of Social Security,**

Defendant.

CIVIL ACTION

Plaintiff's name or initials: _____
(first, middle, last and other names used, if any)

Plaintiff's mailing address: _____
(street)

(city, state and ZIP code)

Child's full name *(if Social Security claim is for a child)*: _____
(first, middle, last and other names used, if any)

Social Security Number of Person claiming benefits: _____

Social Security Number of parent or other relevant wage earner: _____

Date of birth of person claiming benefits: _____

Date of death of wage earner *(if a survivor's claim)*: _____

If the plaintiff is not represented by an attorney, complete the following:

Plaintiff's telephone Number (*if any*): _____

Plaintiff's fax number (*if any*): _____

Plaintiff's email address (*if any*): _____

SIGN HERE

Signature of attorney

Signature of plaintiff, if no attorney



Signature of plaintiff, if no attorney